:								Application or Docket Number					
Effective October 1, 2003 6 4 75 VS.												J	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF	•	R THAN ENTITY	
Ţ	OTAL CLAIMS	\$	21				ľ	RATE	. FEE		RATE	FEE	
F	OR		NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 385.0	D OF	BASIC FE	770.00	
7	OTAL CHARGE	ABLE CLAIMS	2(minus 20=		•	1		XS 9:		OF	X\$18=	18	
IN	DEPENDENT C	LAIMS	3 1	ninus 3 =	4	6			1	OR	Yas	1.	
М	ULTIPLE DEPE	NDENT CLAIM F	PRÉSENT		1.				+	7		 	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	-	OF	<u> </u>	700	
(1-1-04 CLAIMS AS AMENDED - PART II								IOIA	٠ ــــــ	_JOR		THAN	
	(Column 1) (Column 2) (Column 3							SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	- 2		-		X\$ 9=		OR	X\$18=	. /	
	Independent	<u>.</u> 3	Minus	 3)	-/		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		'	+145=		OR	+290=	7	
	الامار						-	TOTA	- •	OR	TOTAL ADDIT, FEE		
2	11-04												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	-2		• / ·		X\$ 9=		OR	X\$18=		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+145=		ÓR	+290=	7:	
41406								TOTAL DOIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								• .			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOR PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 15	Mires	- 2	1	•		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	 (3	•		X43=		1 . !	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								+145=		OR	+290=		
	l the "Highest Nur I the "Highest Nur	nber Previously Pa Riber Previously Pa	id For IN THI id For IN THI	S SPACE to I	less than less than	20, enter "20."	~	TOTAL DOIT. FEE		_	TOTAL ODIT. FEE		
'	च ताक्षा शास्त्रहा	ber Previously Paid	(100%) Q	nosbeogen	णी प्ट क्षेत्रं	inghesi sumber	(OLOY	a eu gue eb	brobriate p	at in coa	onn 1.	٠,	